

# ISLAMIC BIOMEDICAL ETHICS

## Palliative care



### Abstract

This is a transcript of the author's address to medical health care professionals evaluating contemporary biomedical ethical issues on palliative and end of life care.

Lecture delivered by  
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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

واطيعوا الله واطيعوا الرّسول واحذرو

“Obey Allah and obey the Messenger and beware”

## **Preface**

Currently, with advancing medical care and life preserving techniques including medication and equipment; many difficult situations do arise among patients, their relatives and doctors treating them. This can be particularly complex when viewed from an Islamic point of view, given conditions where patients are too unwell to make their own decisions for example end of life care scenarios.

Considering the gravity of problems, Mufti Muhammad Taqi Usmani was invited to give lectures on seminar to guide and advise doctors about Islamic principles that would be relevant in these kind of situations. This was organized by the Indus Hospital, Karachi, Pakistan on 31<sup>st</sup> May 2018. This was a very well received seminar, broadcasted live, and attended by many physicians all over the world. He delivered another national keynote address at the annual conference of Pakistan Islamic Medical Association (PIMA) on 21<sup>st</sup> October 2018, in Karachi. Dr Mufti Muhammad Wasie Fasih Butt, a highly

qualified scholar from Jamia Dar Ul-Uloom, Karachi, Pakistan, has transcribed and referenced both presentations. This document is a translation of his work published in Urdu in the magazine “Monthly Albalag” from Dar-ul-Uloom, Karachi, in issue no 5, volume 54, February 2019.

It is my privilege to translate such an important publication. It has given me further insight into the subject and Insha’Allah-w-ta’ala will benefit many others who would prefer to read it in English.

I declare that the opinion in this document is all from Mufti Muhammad Taqi Usmani’s lectures. May Allah (subhanaho- w- ta’ala) accept the work and forgive my errors.

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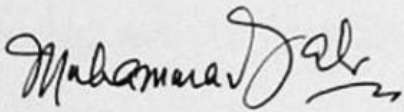
بسم الله الرحمن الرحيم

الحمد لله رب العالمين والصلاة والسلام على خاتم النبيين وعلى آله وأصحابه أجمعين، وعلى كل من تبعهم بإحسان إلى يوم الدين،

أما بعد:

This is a combined transcription of my 2 lectures given on the subject of palliative care on 2 different occasions. It was very ably rendered into writing by my brother Maulana Dr. Muhammad Wasie Butt, which by the grace of Allah had wide circulation and was found very beneficial for the practitioners. Now it has been translated into English by Dr. Muhammad Hanif Shiwani. I am told by some colleagues that the translation is accurate and beneficial for English speaking people.

I hope it will meet the need of the practitioners who feel it difficult to decide what action they should take with the patients having severe conditions mentioned in the lecture.



Muhammad Taqi Usmani

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# Introduction

بسم الله الرحمن الرحيم الحمد لله رب العالمين والصلوة والسلام

على سيدنا ومولانا محمد خاتم النبيين وامام المقتدين وعلى اله

واصحابه وعلى كل من تبعهم باحسان الى يوم الدين

Dear respected doctors, guests, brothers and sisters, it is my pleasure to be here with you. Normally I come to you as a patient or ask you for your expert opinion and seek help for my friends and family members. Today it is an honor for me, that out of mutual love and affection you have invited me to join your seminar as a guest. May Allah (subhanaho w ta'ala) give me the ability to protect this honor.

## Good News for Doctors

First, I would like to say that our beloved prophet Muhammad (صلى الله عليه وسلم) has given glad tidings for all physicians; who treat ill and sick patients. He said:

مَنْ نَفَّسَ عَنْ مُؤْمِنٍ كُرْبَةً مِنْ كُرْبِ الدُّنْيَا نَفَّسَ اللَّهُ عَنْهُ كُرْبَةً مِنْ كُرْبِ يَوْمِ الْقِيَامَةِ

Translation: *“He who alleviates any suffering of a brother out of the sufferings of the world, Allah (وَتَعَالَى سُبْحَانَهُ) would alleviate his suffering from the sufferings of the Day of Resurrection.”*

It’s important to note that the word “Mu’min” is used in this hadith. This is because addressees were commonly Muslims.

However, we know from other Ahadith that the reward of relieving someone’s misery, problems and illness by providing them comfort, ease and relief of their pain and suffering is not based on the religion of the recipient. Allah (سُبْحَانَهُ وَتَعَالَى) will reward the person doing any good deed to alleviate the suffering of any human being irrespective of their religion.

## **What intention should doctors make?**

Many vocations are available to us. Out of these, different people choose different professions according to their personal interest, needs and passion. The medical profession is a very noble profession; doctors save lives and it is a great service to mankind.

However, the reward of their good work depends upon their intention. If someone simply wants to gain only monetary benefit from medical practice, he/she will earn it. If the intention is to only earn money, individuals will use all feasible methods to earn as much as possible. Regardless of an individual's secondary intention or even no intention to serve humanity, it is a legitimate profession and allowed by Islamic guidance. There is neither extra reward nor a penalty to this if the individual is practicing within the limits decreed by the shariah.

However, it will be like a vendor who goes to the market and earns money by selling fruits or vegetables. Medical practice will then be no different to business.

However, if the primary aim and intention is to serve mankind, alleviate misery, provide them with ease and comfort during their illness, then all the work done is “*ibadah*”. Every moment of that individual’s life will be considered as spent doing *ibadah*, if the person works to provide solace to sick people in their difficult time.

It is acknowledged that doctors and healthcare professionals have their own personal needs for their own livelihood. It is acceptable for them to charge money or obtain other personal benefits from the services they provide.

Maulana Jami (Rehmatullah-e-alaihe) said:  
(written in Persian)

به تسبیح و سجاده و دلق نیست

تصوف بجز خدمتِ خلق نیست

**Interpretation:** Simply holding the “*misbaha*” and reciting *tasbeih* all the time, performing prayer on prayer mats and wearing simple old cloths is not “*Tasawuf*” (Islamic mysticism/ Sufism).

Real “*Sufi*” is the one who serves Allah’s creation as much as possible. The more one serves; the closer he will be to Allah.

“*Ibadah*” in the medical profession

Doctors treat patients according to their knowledge and experience. However, the “*Shifa*” (cure) is from Allah

(سُبْحَانَهُ وَتَعَالَى). When patients get better and return to their lives and work: the good deeds they do and subsequent benefits they provide to mankind, Allah will reward those doctors for all the benefits from the services they provide. Therefore, practicing the medical profession with such pure intention is a great “*ibadah*”. Doctors’ attitudes and their practice are often reflective of their intentions. The practice of an individual with the intention to serve people for the sake of Allah would be different than the one who works only for personal material gains. Some doctors claim they have good intentions to serve humanity, yet their actions and attitudes during difficult times are notably different. Those with the intention to serve for the sake of pleasing Allah would be very considerate, sympathetic,

and compassionate. Their interactions with patients would reflect their inner thoughts.

There is no doubt that doctor's work under a lot of pressure due to the heavy workload in limited time. Often, they are faced with long queues of patients waiting to be seen and a huge number of patients to deal with a limited availability of resources. Sometimes, this can make them behave inappropriately or appear irritable and frustrated. The only thing which can help them to maintain emotional control is the intention that they are working to please Allah. If one keeps in mind that the service, they are providing requires a duty of care to care for patients with good manners, compassion and honesty, only then would it be "*ibadah*".

A doctor's duty is to serve and satisfy their patients. It will be highly rewarded, if they maintain their composure and control their anger and frustration when there are a huge number of patients to see within a short space of time. Patients come in with many issues and often want doctors to listen to all of their problems, not just the medical issues.

However, a doctor is mostly interested in listening to the main health concern which he/she intends to treat. To use their time more efficiently, doctors want to focus their consultation. However, in order to achieve this, sometimes, they may lose their temper if patients do not limit the discussion to their medical problems. A better way for doctors to approach these situations is to directly ask their patients to be more focused when describing their problems rather than being rude to them.

A real-life example:

I tell you it happens with us, Muftis. I give you an example of when people come to us to seek a fatwa about divorce. When we enquire further, they start from day one of their wedding and go on to describe the whole relationship story between themselves and their spouse. They rattle on to provide the details about how they initially had an incredibly good relationship and then one day they go out and their spouse was very angry and, on their return, they start quarrelling. At the beginning, I am calm and then the story



continues ..... The question that the person wants to ask is whether a divorce has occurred or not. We, as Muftis, want to know if the individual has used the specific words which are related to divorce. The rest of the story is not relevant. In these kinds of situations, it is a great virtue to show patience and be calm.

We learn from Prophet Muhammad (صلى الله عليه وسلم) that:

إِنَّ الْمُسْلِمَ إِذَا كَانَ مُخَالِطًا النَّاسَ وَيَصْبِرُ عَلَى أَذَاهُمْ خَيْرٌ مِنَ الْمُسْلِمِ الَّذِي لَا يُخَالِطُ النَّاسَ وَلَا يَصْبِرُ عَلَى أَذَاهُمْ

Translation:

*“Indeed, when the Muslim mixes with the people and he is patient with their harm, he is better than the Muslim who does not mix with the people and is not patient with their harm.”*

Your intentions:

I must congratulate all of you who are attending this seminar today. Many of you deal with the patients who require palliative care. You deal with the patients and their families in difficult situations, where you have tried all means available to you and you are

still seeking advice about how you can provide further comfort and satisfaction to your patients and how you can contribute further to save them from misery and to become a source for their solace. Your attendance today, on its own, reflects that your intention to join this profession is to please Allah (سُبْحَانَهُ وَتَعَالَى). I must congratulate you all, once again.

Almighty Allah (سُبْحَانَهُ وَتَعَالَى) and the prophet (صلى الله عليه وسلم) have given us principles which can guide us towards the solution of many related problems.

## **Importance of prevention and planning**

First and foremost, one should not ask Allah (سُبْحَانَهُ وَتَعَالَى) to be afflicted by any disease and always pray for the *Al-*

*`Afiyah* (safety from all evils). Prophet Muhammad (عليه وسلم صلى الله ) has said to seek “*Al-*  
*`Afiyah*” from Allah (لَا تَتَمَنَّوْا لِقَاءَ الْعَدُوِّ ، وَسَلُّوْا اللَّهَ الْعَافِيَةَ (وَتَعَالَى سُبْحَانَهُ )

Translation: "*Do not long for meeting your enemy and ask Allah for Al-`Afiyah*)."

Therefore, one should not ask Allah (سُبْحَانَهُ وَتَعَالَى) for illness neither indulges in any activity which may endanger one to become ill. Moreover, one should avoid, as far as possible, any activity or habit which can result in a disease. It is one of the duties of a doctor as well, to advise their patients about the preventative aspects of diseases whilst treating their patients. This is part of “*Deen*”.

There is another Hadith:

"إِذَا سَمِعْتُمْ بِالطَّاعُونِ بِأَرْضٍ فَلَا تَدْخُلُوهَا، وَإِذَا وَقَعَ بِأَرْضٍ وَأَنْتُمْ بِهَا فَلَا تَخْرُجُوا مِنْهَا

Translation: "If you hear of an outbreak of plague in a land, do not enter it; but if the plague breaks out in a place while you are in it, do not leave that place."<sup>4</sup>

When Hazrat Umar Farooq (رضي الله عنه) travelled from

Medina to Syria with his companions, they found an epidemic of plague in Syria. One of the issues raised at the time was whether it was safe to proceed into Syria or not? Some questioned whether they should return to Medina or whether to continue travelling

towards Syria. Initially, some companions were reluctant to continue the journey, however given the religious purpose to the journey, the intention was made to complete it; just because of an epidemic, should they halt their journey? The question of whether they should stop the good work for Deen that they had already set out to do, due to fear of disease was raised. Another companion had the perspective that the epidemic of the plague was so severe that thousands of people lost their lives and became “martyrs (a cemetery of these martyrs still remain in Jordan). From this perspective, going to Syria was a means of putting themselves at risk of losing their lives.

Umer Farooq (رضي الله عنه) asked the companion for his opinion. After consulting with him, he decided to not proceed to Syria as it was not safe. One great companion, Abu Obaida-bin-Jarrah (*Radi-Allahu anhu*), commander of the army in Syria said:

أَفْرَارًا مِنْ قَدَرِ اللَّهِ

Translation:

*“Are you running way from what Allah has destined for*

*you” Interpretation:*

The plague is destined by Allah (سُبْحَانَهُ وَتَعَالَى), therefore we shall face it. He asked, “do you want to run away from what Allah has destined for you?”

Umer Farooq (رضي الله عنه) replied:

نَعَمْ نَفِرُّ مِنْ قَدَرِ اللَّهِ إِلَى قَدَرِ اللَّهِ

Translation:

*“Yes, we are running away from what Allah has destined for us towards what Allah has destined for us.”*

Interpretation:

Allah (سُبْحَانَهُ وَتَعَالَى) has not said to not take any measures and only trust that Allah will help. Instead, Allah has decreed that we use the means and resources available and then put our trust in Allah who will make them

effective. Abdul Rahman bin Auf (رضي الله عنه) narrated the following hadith:

إِذَا سَمِعْتُمْ بِهِ بِأَرْضٍ فَلَا تَقْدَمُوا عَلَيْهِ ، وَإِذَا وَقَعَ بِأَرْضٍ وَأَنْتُمْ بِهَا فَلَا تَخْرُجُوا فِرَارًا مِنْهُ

Translation:

*“If you hear about it (an outbreak of plague) in a land, do not go to it; but if plague breaks out in a country where you are staying, do not run away from it. Interpretation:*

There are many interpretations (*tafaseer*) of this hadith.

My understanding is that here Prophet Muhammad (عليه وسلم صلى الله ) has emphasized the preventative aspects of healthcare. People from outside the epidemic area should not enter the affected area and people from inside should not come out. In this way, everybody would remain safe 6,7,8 by avoiding the infection.

Therefore, it is important to understand that Allah (وَتَعَالَى) has advised us about the preventative aspect of healthcare and

numerous examples can be found in the Quran and Hadith.

### **A misconception about obtaining treatment**

A second fundamental issue that needs to be raised is that some people perceive that seeking treatment is mandatory by Islamic law (*fard / wajib*). In the Shariah, this is incorrect. Seeking treatment for the illness is and it is a sunnah advisable, allowed, and permissible of the Prophet Muhammad (صلى الله عليه وسلم)

If an individual does not seek treatment and they are satisfied with their decision, then he/she should not be forced to seek treatment. Claiming that “not seeking treatment is a sin” is incorrect, from a *shari'a* point of view.

The individual can be advised and encouraged to seek treatment as it's a Sunnah of the prophet Muhammad

(صلى الله عليه وسلم). Prophet Muhammad

himself sought medical treatment for himself and also advised his companions to seek treatment in the case of illness.



## **Need for research on Prophetic medicine**

In all the books of Ahadith, we find there is a designated chapter of “book of medicine”. In this chapter, all the relevant Ahadith described by the Prophet Muhammad (ﷺ) about treatment have been collected. Many people have authored various books with different descriptions about “prophetic medicine” in many languages including Urdu, Arabic and English. There is vast amount of literature available on this subject.

Prophet Muhammad (ﷺ) gave advice about the treatment of certain diseases in certain ways and encouraged others to do so. There is serious need to do proper research in this area. Lots of these treatments are related to herbal medications which have been used to treat many diseases. It is very sad that we have yet to do enough research on this. An example: the Prophet

Muhammad (ﷺ) gives about black seeds (Kalonji):

إِنَّ هَذِهِ الْحَبَّةَ السَّوْدَاءَ شِفَاءٌ مِنْ كُلِّ دَاءٍ إِلَّا مِنَ السَّامِ

Translation:

*'This black cumin is healing for all diseases except As-Sam.'*

*(Death)* <sup>13</sup>

However, there is little detail about this in the books of Ahadith. We have limited knowledge about the practice of the Prophet Muhammad regarding dose, duration of treatment and the specific forms of Kalonji that should be used for specific diseases. It comes in various preparations such as grains, powder, and oil. However, we do not know which preparation of kalonji should be used to treat specific disease. Moreover, we are unaware of the benefits of external application. All of this requires further research. We need to remember that the advice of using *kalonji* for health care and curative purposes has not come from simple an ordinary human being, but it has come from the Prophet of Allah ﷺ. The Quran says:

وَمَا يَنْطِقُ عَنِ الْهَوَىٰ ۖ إِنْ هُوَ إِلَّا وَحْيٌ يُوحَىٰ

Translation:

*“Nor does he speak from [his own] inclination. It is but revelation revealed (to him).”.*

We, believers of the Prophet Muhammad (صلى الله عليه وسلم), have been given a great quote to use as a basis for our research. Unfortunately, we do not put enough effort and support the intellectual “asset”, which we possess. We are heavily reliant on western research for these kinds of issues. There are only a few individuals who have done some research work on this, however it is not enough. We know that there are lots of herbs which grow in our country, Pakistan. In our jungles, we have lots of herbs which can be utilized to find remedies and cures for multiple diseases. We need to promote research in this area in order to develop more medicines.

In our country, the late Hakim Muhammad Saeed, became interested in this topic and started working on it. Unfortunately, he could not complete it. Some of my Arab friends

have started working on this as well. Many books have been written on this topic. A Syrian doctor has authored a book on this. From his own research he has described the uses of “*kalonji* for many different diseases. However, until now, there has been no structured work produced. I would urge doctors like yourselves and organizations like yours to concentrate on this area as well. If you require our services in any way, we are always willing to provide our support.

### **Seeking the treatment is advisable**

Seeking treatment for sickness is a Sunnah of the Prophet Muhammad (ﷺ). The Prophet Muhammad (ﷺ) encouraged his companions to seek treatment and he himself gave advice of different ways to treat certain illnesses. Nevertheless, if someone decides to not seek a prescribed treatment then that person should not be blamed that they have given up an obligation (*fard*). No one should declare that not seeking treatment in the case of illness is impermissible.

According to “*shari’ah*”, a patient has full autonomy and authority to make their own

decision. It is *not obligatory* for a Muslim to seek treatment. Moreover, according to “*shari’ah*” no one should compel an ill person to seek treatment. However, the individual should be advised, guided, and encouraged to seek the treatment for their illness. The individual needs to be informed that seeking treatment is a sunnah. They should be informed about the practice of the Prophet Muhammad (ﷺ) in seeking treatment in the case of sickness and about the Muslim tradition about seeking treatment. If an ill person goes to a doctor, then it is the duty of a doctor to treat the patient and to not refuse to treat any patient.

### **Painful and Less predictable treatment is not liked**

The third principle:

One of the important aspects of the instructions of the

Sunnah of the Prophet Muhammad (ﷺ) is that treatment should be provided in a “balanced manner”. One must consider all aspects of a patient including age, strength, family, financial, general, and overall condition. I use the word “balanced” very

carefully, treating illness in a normal manner is sunnah.

Using an extreme method of treatment is neither obligatory nor is it sunnah. Though they are permissible, they are not preferred. These methods may be called abnormal i.e. there is a severe element of definite or likely infliction of pain to a patient and there is a less likely chance of obtaining a cure or a benefit. For example, there is a 10% possibility of the treatment benefitting the patient and there is a 90% risk of not achieving any benefit or cure and a highly likely chance of inflicting pain to the patient. For such issues, the “*shari’ah*” not only considers it unnecessary but rather is more likely to suggest avoiding such treatment.

### **Definite treatment is obligatory** **/compulsory**

There are certain aspects of treatment that are obligatory. These are not treatments as such. For example: a thirsty individual, dying of dehydration, for him drinking water is

compulsory. If the individual does not drink water to save his life, he will be committing suicide, which is a great sin. In these situations, even if permissible (halal) material is not available, then the rule of “impermissible becoming permissible” can be applied. One can even drink wine, which is otherwise impermissible. Therefore, according to “*shari’a*” it is not optional, but obligatory and necessary for the person to drink in order to save their life. Not doing so would be a sin. This is a different context to the use of certain medications which may not necessarily save a life.

There is a risk with medication that they may or may not work.

One of our honourable doctors, the late Dr Sagheer Ahmad Hashmi, (may Allah have a mercy on him), used to treat my late father and we all used to consult him for treatment.

At one time he was probably the head of the department at Ganga Ram Hospital, Lahore. I remember, having heard this many times from



him that he used to say that in his lifelong experience, medicine goes into a patient's system and then asks somebody, what should I do? Should I benefit the recipient or harm him? The same medication, which is beneficial for one patient in one illness, would harm the other patient with a similar illness. Just as achieving a benefit from a medication is not definite, likewise it is not obligatory or compulsory. However, it is sunnah. If the chances of achieving a benefit is remote and less likely, then this kind of treatment is neither obligatory nor compulsory and not even sunnah. Although it is permissible it is not preferred.

### **An example of a less predictable/ painful treatment from the Sunnah**

A good example of such a method of treatment is the practice of “cauterization”. During that era, in Arab culture, the Arabs

used to do cauterization when people used to get ill and all other methods of treatment failed, It is called “الْكِي”. A hot iron rod was used for this purpose. Allah (سُبْحَانَهُ وَتَعَالَى) is aware of potentially more such methods of treatment. An Arab doctor has authored a book about this method, providing details about the way it was used, as well as the risk and benefits. It

“آخر الدواء الكي”

can be seen here, by a popular Arabic phrase: “when everything fails, the last treatment is done with cauterization.”

Prophet Muhammad (صلى الله عليه وسلم) did not like cauterization and in fact forbade it. He (صلى الله عليه وسلم) said: وَأَنْهَى أُمَّتِي عَنِ الْكِيِّ

Translation:

*“But I forbid my followers to use (cauterization) branding with fire.*

Instead, the prophet (صلى الله عليه وسلم) praised the people who avoided cauterization. Prophet Muhammad (صلى الله عليه وسلم) once said: “There will be

70 000 people in heaven who Allah (سُبْحَانَهُ وَتَعَالَى) will allow to enter without taking any account of their deeds. Akkasha bin Mohsin

(رضي الله عنه), a companion, was standing close by. He asked the prophet (صلى الله عليه وسلم) to pray for him so that he could be one of them. The Prophet (صلى الله عليه وسلم) responded in affirmation that he had prayed for him and that he would be one of them. Another companion was there and he asked the Prophet (صلى الله عليه وسلم) to make the same prayer for him. The Prophet (صلى الله عليه وسلم) said that Akasha, took precedence before you. The Prophet (عليه وسلم صلى الله عليه) explained who these people would be and mentioned that there would be people who are not treated with cauterization and trust Allah (سُبْحَانَهُ). It is exceedingly difficult to move against or avoid practices that have become acceptable in society and formed a part of culture. Therefore, the Prophet (وسلم صلى الله عليه) has announced glad tidings and high rewards for people who avoid such practices. Therefore, any method and of

treatment which are extreme and painful, where the chance of cure and treatment is minimal it is better that it is avoided. It is advisable that one should put their trust in Allah (سُبْحَانَهُ وَتَعَالَى) and know that Allah (سُبْحَانَهُ) is the one who provides the cure.

### **Levels of Treatment**

We know now that certain measures are obligatory to prevent death of an ill person similar to how it is mandatory for a thirsty and dehydrated person to drink water in order to survive. Many measures are not obligatory but rather preferred and recommended such as simple treatment.

The third level comes in when the expected cure of a proposed treatment is doubtful and the predicted outcome poor and likely to result in more pain to patient. It is neither obligatory, compulsory or preferable in terms of physical, mental, psychological, or even financial means, but rather it is better to avoid

these Using or not using such measures of treatment.

modalities or taking or not taking such measure would not be considered sinful.

### **Avoid the pain in obtaining treatment**

The fourth Principle:

If there is an option of treatment available which causes less pain and discomfort then it is better, as far as possible, to use this option rather than to use the option that causes more discomfort or pain. At the time of

Prophet Muhammad ﷺ, one of the cultural practices amongst Arabs, were specialist women who used to treat throat problems, like tonsillitis, by squeezing it so hard that it would come out or would drain or

عَلَى مَا تَدْعُرْنَ أَوْلَادَكُنَّ بِهَذَا الْعَلَاقِ، عَلَيَكُنَّ بِهَذَا الْعُودِ الْهِنْدِيِّ،  
something like this... It was a painful, traditional way of treatment for some illnesses. When the Prophet found out, he said.

Translation:

*"Why do you give pain to your children by pressing their throats! Use Ud Al-Hindi"*

Qust-hindi is a medicine which is still available. It was named “al hindi” as it was mostly used in India. The Prophet (صلى الله عليه وسلم) said to give children powder of qust-e hindi. In other words, he stopped them doing a physical procedure and suggested a simple medicine that was beneficial in treating that disease.

Nowadays, we are returning to old remedies. There was a time when people did not know about “Ispaghula husk”. Now, even doctors prescribe it. Nowadays, people are trying to avoid chemical products and reevaluating organic products. Gradually “qust” is coming back in use which the Prophet (صلى الله عليه وسلم) suggested to use in order to treat throat problems in children. In my personal experience, it is beneficial to use in cold and flu like illnesses. It is clear that any option of

treatment which causes less pain to patients is preferred to that which causes more pain.

### **The real objective of visiting a patient**

Prophet Muhammad (peace be upon him) has instructed us to provide comfort, ease, and both physical and mental support to sick people. Visiting ill patients to console them has been encouraged and is regarded as virtuous. When a person goes to visit an ill person, 24 This is seventy thousand angels pray for the visitor.

because the visit provides a source of solace and consolation for the sick person.

Where it is having been encouraged to visit an ill person, it has been advised to keep the visit short and to the point. One should not prolong his or her visit such that the ill person is put under burden or made uncomfortable.

Inconveniencing the ill person by spending too much time with the them is not encouraged.



Many people came to visit hazrat Abdullah-bin-Mubarak, when he was on his death bed. Some stayed longer than others. There was one visitor who stayed too long. Abdullah-bin-Mubarak uttered that visitors are causing trouble. The visitor asked him (Abdullah-bin-Mubarak): “Shall I close the door?”.

Abdullah-bin-Mubarak replied: “Yes please but close the door from outside.”

This example shows that one should follow certain manners when visiting an ill person. The objective of visiting the person is to provide them with physical and psychological support and not to be a source of annoyance for them. If one feels that visiting the person would disturb their rest, then it would be better to pray for the individual from a distance or from home.

Visiting a patient to see the individual’s face or simply to show face is not necessary.

### **Palliative care and Islam**

There are a few fundamental principles that provide the basis for the palliative care of patients. If one cannot cure a patient’s disease,

then the aim is to provide them with advice and medicine to relieve their pain and ease their suffering. This approach is totally agreeable according the principles of *shari'a* and there should be no apprehension about it.

I am aware that there are certain questions which require further clarification and we will discuss them in the question and answer session.

واخر دعوانا ان الحمد لله رب العالمين

## Question and Answer Session:

### What is the meaning of “dying with *khair*”?

**Question:** What is the dying with “*khair*”? Shall we be worried about our patient who are at such stage of their life?

**Answer:** Dying with “*khair*” means that a person is dying with good faith and preferably involves an individual’s last words being a declaration of the “*shahadah*”. It does not mean that we need to tell patients that they are dying and that they need to say the “*shahadah*”. The manner recommended in the *shari’a* is that the people around the dying person at the time should recite the “*shahadah*” themselves but should not ask the dying person to say it. This is called “*talqeen*” (encouragement / persuasion) and is considered preferable (Mustahab)

## Flexibility about the use of impermissible (haram) medicine:

**Question:** There is an 85-year-old lady who suffers with end-stage heart disease. Her family is kept aware of her palliative care. Due to her heart condition, she went into severe respiratory distress. Despite appropriate medical treatment she was gradually getting worse. To relieve her respiratory distress, doctors decided to give her morphine and inform the family of this. The family felt that morphine was “haram”. What is the *shari’a* ruling in this case?

**Answer:** Morphine is an opium derivative and could be addictive. However, if there are no other treatments available, it is permitted to use otherwise impermissible

<sup>25</sup>medicines as required. Morphine is not allowed in ordinary circumstances, however, if a patient is in severe pain, and if a qualified doctor feels that there is no other suitable alternative, then it is allowed by the *shari’a*.

## **Shari'a ruling about the use of Ventilator:**

**Question:** A 36-year-old man was admitted for four days after a cardiac arrest. He remains unconscious. He is totally dependent on medication and on a ventilator to maintain his blood pressure and stabilize his heart condition. The relatives were informed from his admission that his health may worsen. When the family was informed that his treatment was not going to be escalated further and that a “do not attempt resuscitation” (DNAR) decision was going to be made, the relatives said that “Islam does not allow giving up!” The patient was young and was provided with the best ITU care. Specialist doctors did not feel that the patient's condition was reversible based on their knowledge of medical sciences. A DNAR decision does not mean complete withdrawal of treatment. Instead, it states that if a patient goes into cardiac arrest, no attempt should be made to revive them. The gist of this question is “withdrawal of care”. The patient was already on a ventilator

and requiring artificial support. The question was whether we should have kept him in ITU using all the resources of ITU care when resources and beds in ITU are limited.

**Answer:** As I have explained earlier, common understanding is that it is obligatory to seek treatment, and that if someone stops treatment it is “murder by omission”. People feel that treatment is compulsory. If doctors remove life support, then doctors have committed murder! There is no such concept in *shari’a*. This is a quite common misconception.

As I have eluded to earlier, seeking treatment for illness is not obligatory, and maintaining life using extraordinary methods is not preferred. Using a ventilator in the first place is an extraordinary measure which is neither obligatory (*fard*), compulsory (*wajib*), recommended (*sunnah*) or liked (*mustahab*). However, it is still allowed, provided a patient can bear it physically and financially and that there is some hope for cure.

Equally, there is no compulsion for a person to be on a ventilator and to be supported by machines to maintain cardiopulmonary functions forever. There should be no hesitation or reluctance in withdrawing such support, rather it should be the contrary. Therefore, there should be no doubt in *shari'a* about withdrawing the machine support to maintain life in such situations. From the outset, it is not obligatory to put someone on a ventilator, and it's therefore truly clear that it can be withdrawn at a later stage.

The treatment of the patient's condition is at the discretion of the specialist treating the patient. If the relatives of the patients still insist, then the doctor should explain to them that it is not against the *shari'a* and it's not against any moral values. If the relatives wish to keep the patient on a ventilator despite this, then they can do so at their home. Relative demand from doctors to keep a patient on a hospital's ventilator against specialist advice is not acceptable.

Furthermore, another issue is how we define "death" and whether brain death defines death



or if it is only cessation of heart activity. Even if we accept that brain death is not real death and that death does not occur till the heart stops beating, irrespective of whether it is beating with the support provided by machines only, it is still permissible to withdraw life support and, I think, the more preferable option.

**Question:** A twenty-year-old girl was suffering with transverse myelitis. This is a medical condition which resulted in paralysis of the muscles of her extremities and her respiratory muscles. She was conscious but suffered with complete paralysis of her body below the level of the neck. Specialist treatment did aid her recovery and now her life totally depends upon ventilator. The hospital cannot keep her on a ventilator and the relatives could not arrange for a ventilator at home. She suffered with repeated infections frequent complication. The problem was that her brain was fully functioning and she was conscious, but paralysed below the neck. What is the *shari'a* ruling on withdrawing her from a ventilator?



There are a few other complexities to the problem. Firstly, the financial aspect. Hospital bills go up every day and can reach millions. Secondly, due to repeated infections, she developed infections that were resistant to many antibiotics and it was gradually getting more difficult to treat her. The specialists who treated her infections warned that they would not be able to provide any further antibiotics that could cure her infection. She would either get an infection that could not be treated and then die of sepsis, or the doctors could persuade her family to agree to withdraw ventilation and allow the patient who is conscious and talking to die.

**Answer:** As I have eluded to earlier, whenever there is a need to withdraw ventilation and maintaining someone on ventilation is against “prudence” (*maslehat*), then *shari’a* does not require indefinite use of a on ventilator. However, if there is small chance that maintaining ventilation may cure the patient, and there is another patient who

requires that kind of bed, then it's a different situation.

I think there is a limit to which one can extend efforts. When a patient is already occupying a hospital bed and receiving treatment, in that kind of scenario, I do not think that there is room to consider discharging that patient in order to provide that bed and ventilator to another patient. If you don't have another bed with a ventilator in your hospital, then patient should seek treatment in another hospital.

**Question:** A young female patient was found unconscious at home. She received CPR and was put on a ventilator. For the next twenty hours, she remained unconscious and was declared brain dead on clinical grounds. Her life is maintained by a ventilator only. What is the *shari'a* ruling?

**Answer:** It has been explained in the question asked earlier.

**Patient (tolerance) and Treatment:**

**Question:** A seventy-year-old man was suffering with advanced lung cancer, stage 4 disease, with cancer having spread to his liver and bones. The cancer did not respond to chemotherapy. The only way to treat him was to provide him with supportive care. When doctors suggested that he should take painkillers he declined and said that if he bears the pain in this world then he would get much reward in the hereafter. He believes that it was his trial in this world from Allah (subhanahu wa ta'ala).

What does the *shari'a* rule about this?

**Answer:** If someone decides that they will not take painkillers and will bear their pain, then there is no need to compel them to take painkillers. It is not appropriate to do so, and *shari'a* does not allow for compelling them either. If someone is tolerating the pain with the intention of getting reward in the life hereafter, then there is no reason that one should stop him doing that. However, one can

explain to the individual that they should be aware that after a while, due to the pain, they may become thankless to Allah, and that they should consider taking painkillers, but not forced.

There is a reason why one should explain this to the patient. Very often, this kind of decisions are taken in the heat of the moment. With the passage of time, the trust on Allah (*tawwakal*) diminishes and feelings of “thanklessness” to Allah (subhanaho w ta’ala) arise and one may complaining to Allah (سُبْحَانَهُ وَتَعَالَى) : “Oh Allah, I put my trust in you and see what you are doing to me.” There is no need for human beings to show their bravery to Allah (subhanaho w ta’ala). It’s not an act of “*ibadah*”. A doctor can only explain to the patient and try to make them understand, however, doctors cannot compel or force them to do so.

**Question:** In such situations, often doctors feel that the patient lacks mental capacity, or that the individual is confused due to their illness, and that therefore the patient cannot make a decision. Can a doctor “override” a patient’s decision to not have painkillers?

**Answer:** When a patient looks like that and a doctor feels that they lack mental capacity and the individual is not in a state of mind to make a decision then one should either wait till they get better, or otherwise, if the patient had already submitted themselves to doctors for treatment, then there is no problem if doctors make the decision to treat the individual with painkillers.

## **Advising an unaffordable option of treatment:**

**Question:** Treatments to cure cancer are awfully expensive. There is often a dilemma when some doctors suggest expensive treatments for patients who have a poor prognosis and “unpredictable” survival. Sometimes patients and family exhaust all their resources for a glimpse of hope, even selling their houses and properties to provide funds to treat their family members. For example, there was a scenario of a ten-year-old boy who suffered with blood cancer. He was treated before and his disease recurred. The only remaining treatment option was bone marrow transplant. This is an expensive treatment option which requires millions of rupees. The family could not afford it, and a charitable hospital could not support funding either. We often see advertisements in newspapers about requests for charity to save the life of such young patients.

Should doctors mention that there is no cure, or should we say that treatment is possible, but awfully expensive.

**Answer:** (Answer to this question was provided by mufti Najeeb Ahmad Khan and endorsed by Mufti Taqi Usmani). A treatment with an “unpredictable” outcome and a poor prognosis that results in financial constraints and hardship is not liked. If a doctor is aware that the option of transplant is available, but the beneficial effects cannot be assured, then according to *shari’a* rule it is a doctor’s duty to inform their patient and the family members with honesty. They should inform the family that the chance of benefit is low, and that they should not put themselves in financial constraint. Doctors should not say anything that could be considered a “lie”. They can suggest that a patient or family should not opt for that kind of treatment option.



## Use of limited resources

**Question:** There are many charitable hospitals which are funded by donations and their available funds are limited. Sometimes we must make rules such that expensive treatments are only provided to patients who have more than about 25% chance of recovery. What is the ruling of the *shari'a* in these situations?

**Answer:** If you are faced with a situation where there are two patients brought to you at the same time and you have only one bed then you may provide the bed to the person who has a higher chance of recovery. However, if you have one bed which is already being occupied by a patient whose chance of recovery is less than 10%, and a new patient is brought to you whose chance of recovery is relatively higher, it's not permissible to remove the first patient and provide the bed to the new patient with the better prognosis. This is because you have already taken responsibility for taking care of the patient.



However, if the chance of recovery of the first patient is very bleak then you can provide the bed to the patient that has a better prognosis.

**Question:** What if there was a scenario where a 12-yearold girl was admitted to hospital with multiple medical problems and no clear diagnosis for her disease, and there was difficulty predicting her recovery and prognosis. And at the same time another young girl is brought into the emergency and there are no beds available in the hospital. What would be the ethical and religious standing if we discharged the girl whose disease was still undiagnosed?

**Answer:** This is a complex situation. There is no hard and fast rule for it. Providing a quick verdict without careful thought in this situation would be a reckless act. The doctor would be the person who would have to make a decision. However, there is a rule of choosing. It means that the “lesser evil” (*Ahwan baleetai*) one should choose the option that has less risk of loss or harm.

## **Shari'a ruling about Advance Directives:**

**Question:** Does Islam allow an individual to declare an advanced directive about one's own health and treatment? Advance Directives are usually associated with the declaration of "Do Not Attempt Resuscitation" (DNAR) statement.

In the event of cardiac arrest call, there are three ways in which the resuscitating team can provide cardiopulmonary resuscitation (CPR):  
1- Electric shock to the heart 2- Mechanical ventilation:

3- Medicines to provide support to the heart rhythm.

There is a recognized practice in the West that an adult person, over the age of eighteen years, can give an advance directive that he or she does not want to be resuscitated in the event of situation requiring CPR. If the team is aware of this advance directive, then it's their obligation to honour the patient's wishes.

Now, the question is what if doctors are aware of such an advance directive and the patient is not in a conscious state, but the family

members insist on providing ventilatory support. What should a doctor do in this situation?

**Answer:** The patient's will (wish) would take priority in the situation where a ventilator is providing artificial support. However, if the responsible doctors feel that providing ventilatory support would provide benefits and there is a possibility of recovery, and if the family support this opinion, then one can consider providing ventilatory support. It is important to understand that often this type of "will" (advanced directive) is made to avoid unnecessary pain.

**Question:** Mufti Sahib, you have mentioned that unpredictable, futile, and difficult treatments are best avoided. Often, medical research and non-research trials are such that predicted benefits are initially small, like 5% or 10%. Then gradually we see more benefits coming through. Therefore, what shall we do if there is treatment which provides only 5% benefit?

**Answer:** I have already explained earlier that treatments with low predicted value are

permissible. However, if there is even some risk of side effects or harm then consider avoiding them, though they are still permissible. However, if there is a possibility that the benefits would improve in due course, then there is no restriction on continuing them.

### **Shari'a ruling about Brain Death:**

**Question 1a:** What if the family members of a severely ill person, who have enough resources, wish their patient to be on a ventilator at home. They wish their relative to breath on ventilator, even though the chances of the patient getting better are not certain. Would this be a “sin”?

**Answer:** No, this is not a “sin”. As I have explained, treatment options with unpredictable benefits are neither obligatory nor a Sunnah, and although they are permissible, they are not liked. If relatives

want to see their patient breathing on a ventilator, then it is not a “sin”.

**Question 1b:** Even if brain death has been confirmed and it is irreversible?

**Answer:** This is a complex problem and a complicated issue. It's difficult to decide when “death” occurs. Is it brain death, or the stoppage of the heart that should be called “death”? This is not a simple question. Even different doctors have different opinions. We had two meetings in the *fiqh* academy of OIC where this issue was discussed. There were many doctors and Fuqaha, who discussed this issue in detail. Among doctors, there was difference of opinion. Some doctors called brain death “death”, whereas others did not agree with that. Actually, the issue is not directly related to the ventilator. It is permissible to take the patient off a ventilator regardless of whether death has been confirmed. There are many other Islamic jurisprudential issues that are related to an individual's death. For example, “*Iddah*” and “*inheritance*”. The time of death is important as it is the start of a women's period of

“*Iddah*”. This period starts from the moment a man’s death is declared.

This creates a more complex question about inheritance as well. For example, if brain death has occurred and a person is on a ventilator, their heart would still be functioning on machines and with the help of medication. If we accept “death” to be the cessation of activity of the heart, then the heirs of that person would be all of those who are alive until his heart stops. However, what would be the situation about inheritance if an heir passes away in between “brain death “and “stoppage of heart activity”? This is not a simple question and there is not a simple answer to this question.

Therefore, this debate is not related to the treatment. As far as the issue of the ventilator is concerned, whether there is brain death or cessation of heart activity, taking the person off a ventilator is allowed and permissible.

**Question:** My question is about chest compressions. For many years, I have been



teaching and training people to perform cardiopulmonary resuscitation (CPR). There are guidelines available from a very respected organization, the American Heart Association. According to these guidelines, we should provide CPR with chest compressions and try to revive breathing for up to 20 minutes. If after 20 minutes, the patient has not revived then we can stop CPR. Sometimes, doctors face situations where they tell the relatives about these guidelines and recommend the stoppage of CPR, but the relatives insist on the continuation of CPR. What is the *shari'a* ruling in such situations?

**Answer:** Obviously, relatives don't wish to lose their family member. However, it is at the doctors' discretion. If doctors feel that it would be futile to continue CPR, then they can stop.



## **Doctors attitude and behaviour with patient with terminal illness;**

**Question:** How should a doctor behave with a terminally ill patient?

**Answer:** This is a very important question. Personally, I think that we have learned from the holy Qur'an and Sunnah of the Prophet that sometimes few words of reassurance and commiseration work better than the best available medicine. I fully appreciate that doctors do a very busy and difficult job. They see patients dying day and night in front of them. It affects their personal lives as well, especially if they are called at an odd hour to see a terminally ill and dying patient. It is their duty to respond to these calls with a sympathetic and affectionate manner, especially when they are dealing with anxious relatives. It is very important to deal with patients and their relatives in a compassionate manner. The relatives are already worried about their loved ones and treating them with rudeness does not suit doctors who hold the duty of a noble profession.

## **The problem with medical commission:**

To conclude, I would like to mention something, although this is a gathering of doctors who take care of their “*deen*” and it might not be very appropriate to mention here. However, you are the leaders in your community, and you will teach and train other doctors. I would warn you that we have a serious issue of medical malpractice in our society. Some doctors have contracts and deals with certain laboratories or with certain pharmaceutical companies. They advise their patients to use only those laboratories and medicines from those companies that provide them some benefits or commission.

I have an example of a poor 20-year-old gentleman. He had some minor ailment with his arm. The doctor he consulted encouraged him to get an MRI scan from a particular laboratory. I asked one of my friends, who is a doctor. He denied the need for an MRI and suggested some medications and physio exercises.

Moreover, very often, because health insurance companies pay the bills for investigations and medications, doctors ask for unnecessary investigations and medication, as it is paid for by the providing companies.

Therefore, I would request you to raise awareness and campaign against this type of malpractice. Your profession is a very noble profession. It should be a means to obtain reward for the life hereafter. Please discourage such practices which turn this noble profession into a business of malpractice.

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